HCBS Transition
Stakeholder Advisory Group

Facilitators' Report Out from Work Groups

April 12, 2016 (rescheduled from 3.25.16)

Work Group Goal #1 – Review Survey Questions

- In general, participants had very few suggestions for new probe questions, they thought these questions were comprehensive, and they liked that the questions focused on the provider's policies and processes, etc.
- Identify key elements in each question (e.g. Q#1: support full access to the community + work in competitive, integrated setting + same degree as persons not receiving HCBS) and group relevant probe questions under each of the elements identified to help provider see what they need to demonstrate.
- Participants had a lot of good suggestions for minor word changes that didn't change the meaning so much as make the meaning clearer or eliminate certain.
    - Rework sentence structure to eliminate passive voice: e.g., rework "is information about … provided to individuals" to "do you provide information to individuals about…" or "do you train your staff to" or other questions about the provider's actions in that setting.
    - Eliminate bias toward paid staff (e.g., instead of "are there staff available to…" replace with "do you link participants with staff or natural or community supports in order to…"
    - Replace ambiguous words with specific terms (e.g., change "regular" training to "annual" training). Ambiguous terms/words include: "undue," "disrespectful," "free of barriers," "expressing a desire"
    - Instead of "does your policy prohibit" change to does "your policy mandate."
    - Replace with "are individuals *reminded*" to "how do you *inform* individuals" about their rights (e.g., are rights posted?).
- Add a probe question for each: What kind of quality improvement mechanism do you use to get feedback on whether your policies, training, etc. are effective/successful in achieving results?
- To degree possible, the language should be simplified (e.g., use plain language) to make meaning clearer.
- Drafting the questions and probes as action-oriented and open-ended. Cluster them by topic area.
- In general, many of the exploratory Qs create a level of fear/anxiety. Can they be toned down? Instead of questions can there be a list of components of compliance?
- Remove "Service Plan" from the "yes" pathway drop down list: On the individual level, does not speak to the general population.
- Add concrete examples added to the probe questions.
- Define terms in person-centered way
- Use term "individuals" instead of members.
- Questions #1 - #4:
    - Integration vs Full Access (terms)
    - 1c: What does it mean to be "qualified"? The staff could be the expert.
    - 1d: Do staff provide transportation?

- 1e: Do staff provide help to provide arrangements
- 1fgh: Beyond scope of agency
- How are you accessing the community?
- Q1 is too long. Split the question. EX: Does your setting support full access to the community for individuals receiving HCBS? Does your setting support opportunities to seek employment and work in competitive, integrated settings to the same degree as persons not receiving HCBS?
- Q2 (d): Add "and activities" after community events.
- Q2 (e): delete "relevant and."
- "What does our setting offer…" "Does your setting…" More about what the setting versus the individual
- 2a: How often are individuals asked… annually, quarterly, weekly?
- Regarding Q2:
  - Does the person have both access and choice?
  - Are the pathways the same as for folks not receiving HCBS services?
  - RE: Q2: engagement. Is it "meaningful" engagement?
  - Who holds the money for purchases in the community?
- Q3: define "ready access"
- Clarify - don't say "working age" but rather "working desire".

- Questions #7 - #11
  - Use "Often" versus "Regularly"
  - What about when an agency provides training but staff do not take?
  - What if staff knock but are not invited into the room due to limitations?
  - Are staff trained on policies?
  - Document staff-trained & consumer-trained
  - Q7: Add a question asking about how staff respond when right to privacy has been violated (e.g., mitigation, rights violations, etc.)
  - Q10 (h): Questions about freedom from coercion and restraint should be modified to recognize that some "restraints" can be used for safety, when the need is documented in the service plan. E.g., instead of "is the setting free of seatbelts" replace with "are seatbelts…used only when" required and documented in service plan….
  - Q11 (e): Instead of "meaningful choice" rework sentence to ensure that choices are developed based on the providers assessment of individual preferences and interests, that the schedule is tailored to individual preferences and interests.

Work Group Goal #2 – Review of Electronic Survey Template and Mechanics

- The approach seems very reasonable and fair.
- It might take 2-3 weeks or longer for a provider to respond to the survey.
- Skip sequences built in will be a helpful feature.
- This process is going to be a big challenge for the 600 or so Individual Shared Living Providers who are small and serve only a couple of consumers.
- Add "Quality Assurance" to the "yes pathway drop down list

Work Group Goal #3 – Review of Survey Instruction Manual / Training Options

- The manual looks very professional.

- Regarding assistance/help/training on the survey/process of becoming compliant – Need to have a person at the end of the phone line/email to talk with, someone who will get back in a timely fashion, someone like a Provider Relations Specialist (MaineCare?). Need a "champion", maybe regionally.
- People learn in various ways – help/training should include webinars, in-person trainings, as many tools as possible, Help Desk, FAQs on the website and in print. Also need repetition and continuity of the training and information.
- Terms that need to be defined: "full access", "timeframe", "within the past week", "integration", "qualified", "undignified treatment", "setting", "regular".
- Ensure that if a provider leaves the survey in the midst of completion, they can re-enter the survey without losing their information.
- Create a user friendly 1-page "key definition" worksheet.
- Allow providers to print the survey if partially / fully completed.

OTHER TOPICS

Compliance

- Indicate how many "yes" or "no" responses to the probe questions indicates compliance.
- What to do about choice when a guardian objects?
- How often do we have to ask an 85 year old if they want to work? How many organizational resources should be expended on the infrastructure of inquiring when the likelihood of anyone using that infrastructure is so low?
- Providers are not paid for one-on-one assignments of staff to consumers.
- Could we become compliant with some of the standards by offering periodic staff training, e.g. in how to support employment opportunities?
- How does a provider prove that they are compliant with abstract value concepts such as dignity? How can we evidence the absence of undignified treatment?
- Providers just want to know how they can be compliant; what do they have to do?
- Does admitting non-compliance expose providers to any potential liability (e.g. there are statutory privacy protections)
- Could a provider fulfill a process need, such as the grievance process, by accessing state processes already in place, or utilizing the Long Term Care Ombudsman Program?
- Could satisfaction surveys be adequate for providers to demonstrate overall compliance?
- Are providers allowed to explain the barriers to potential non-compliance by, for instance, explaining the lack of certain resources in the area (e.g. transportation)?
- Make it very clear from the beginning that providers are not expected to be fully compliant right away, there is time and help available to get you there.
- Need to define "Community Based Services" for Maine and in particular, rural Maine.
- Q2c – this is not entirely up to the providers -"come and go into the community whenever they desire", can depends on the individual and/or their guardian.
- Q2c – Whenever they desire… How do you comply with that? Not practical. Is it a good idea? Safety is an issue for some. This is not practical for anybody not only HCBS consumers.
- What will be the State's role in helping providers become compliant?
- Need to define what compliance means in Maine.
- Need to be clear that verifying compliance is not a requirement (uploading proof) but some evidence is needed.

- How can the barriers to compliance be best addressed?
- What is the State's role is assisting with compliance?
- Allow the probe responses to dictate if a provider is in compliance
- Choice to have or not have services, & how the services are delivered. (e.g. members can choose & problem-solve around barriers)
- How best to support dignity of risk
- Are the supports flexible?
- Planned community access vs. spur of the moment.
- How are natural supports encouraged and cultivated?
- Any access beyond Medicaid funded services/transportation?
- Do individuals have time without staff?
- Are members allowed to self-administer meds?
- Reconsider the "partially compliant" category
- Is a calendar of events acceptable evidence of access to the community?

Survey Evaluation

- How can the survey evaluation process be made as objective as possible?
- Concern over how confidential the self-assessment survey answers will be. Can my competition file a Freedom of Information Act request to get answers to surveys Qs?

Meeting Presentation/Logistics

- Some PowerPoint slides too small to read.